

SECTION III

REPORTING FOR AHP FUNDED SITES

ADULT HEALTH PROGRAM

TEXAS DEPARTMENT OF HEALTH

REPORTING

Topic 3-1: TDH Reporting Requirements for AHP Funded Sites

Data

- Submit to:

Texas Department of Health
Bureau for Disease and Injury Prevention
Adult Health Program
1100 W. 49th Street, Rm. G-408
Austin, Texas 78756-3199
Attention: Contract Reporting

- C Monthly data reports are due the 5th working day of each month;
- C Quarterly, reports will also include a narrative submitted by the 5th working day of the following months:
 - December (for September, October and November),
 - March (for December, January, and February),
 - June (for March, April, and May), and
 - September (for June, July, and August).

Grants

- Submit to:

Texas Department of Health
Director, Grants Management
1100 W. 49th Street
Austin, Texas 78756-3199

- Quarterly Financial Status Reports (Form 269a) are due in Grants Management no later than 30 days after the end of the quarter.
- Final Financial Status Reports are due in Grants Management no later than 90 days after the end of the contract period.
- Equipment inventory (by sites purchasing equipment with contract funds) is due in Grants Management by the 5th working day of October of each year.

PERFORMANCE REVIEW

Topic 3-2: Preparing for PPIP Site Review

The purpose of the site visit is to observe how Put Prevention Into Practice (PPIP) has been implemented and to provide technical assistance as needed. We will be conducting our review using the Site Review tool which has been included in this manual. The site visitor will select up to 30 PPIP patient records for audit. The AHP/PPIP chart review form is also included in this manual.

Entrance Conference:

- Please reserve a meeting place at your discretion for the entrance conference.
- The PPIP project director/coordinator is expected to attend. Attendance of clinicians, health educators, director of facility, nursing coordinator, residency training program faculty member or supervisor, data and records staff, is highly recommended.

Monitoring Review:

- Space should be available for AHP staff to review materials.
- Be prepared for the site reviewer to observe a patient visit. We are most interested in the administration of the Health Risk Profile, review of the Personal Health Guide, education and completion of the forms and record.
- Staff assigned to data management, follow-up, quality assurance and patient charts should be available for consultation on the day of the monitoring visit.
- Copies of forms and health literature used in the PPIP program should be available to the reviewer.
- The patient tracking system should be available for review on the day of monitoring.

Exit Conference:

- The meeting place is at your discretion.
- The PPIP director, director of facility, nursing coordinator should attend, other staff attending are at your discretion, unless specifically requested by the reviewer(s).
- The significant findings will be discussed.
- A written report will follow in approximately 45 days, unless accelerated monitoring is being considered. In this case, if accelerated monitoring is imposed, the written report will follow in approximately 30 days.

PERFORMANCE REVIEW

Topic 3-2: Preparing for PPIP Site Review

(Continued)

Preparation Check List

NOTE: This form is to assist you in preparing for a site visit.

_____ Have meeting room reserved for entrance and exit conference.

_____ Invite and confirm meetings with appropriate staff.

_____ Review PPIP Contract Provider Review Form criteria.

_____ Have copies of patient education and counseling literature and materials ready.

_____ Select a patient for observation.

_____ Have materials you have developed to augment or promote the PPIP program available.

_____ Have program QA documentation available.

PERFORMANCE REVIEW

Topic 3-3: Chart Audit

AHP/PIIP Chart Review Form

Clinic: _____ Provider: _____ Reviewer: _____

Name/MR#: _____ DOB: ____ / ____ / ____ Sex: M F

Age: ____19-29 ____30-39 ____40-49 ____50-64 ____65+ Notes/Flags are in use indicating preventive services needed: Y N

HRP completion date: ____ / ____ / ____ Reason for most recent office visit: ____ Acute Condition ____ F/U or tx. of chronic condition

Flow Sheet utilization: ____ Not present ____ Present but not in use ____ Present and in use, but not completed ____ Present and completed

Health Indicator	At Risk U	Education Provided U	Screening Exam/ Test Done U	Was Result Abnormal U	RX/TX Provided U	Referral U
Weight Ht: _____ Wt: _____						
Blood Pressure ____ / ____						
Cholesterol Total: _____ HDL: _____						
Diabetes FBS: _____ HbA1c _____						
Colorectal Cancer			____ FOBT ____ Sigmoidoscopy	____ FOBT ____ Sigmoidoscopy		
Breast Cancer (Mammogram)						
Cervical Cancer (Pap Smear)						
Prostate Cancer						
TB Infection (P.P.D.)						
Oral Health and Hygiene						
STD/HIV						
Tobacco Use						
Immunizations: _Td _Influenza _Pneumonia _Rubella _Hep.B						
Hormone Replacement Therapy						
Nutrition/Physical Activity			N/A	N/A		
Unintended Pregnancy			N/A	N/A		
Alcohol/Drug Use						
Injury/Accidents			N/A	N/A		

Comments: _____ AHP -3/99

PERFORMANCE REVIEW

Topic 3-4: Contract Provider Review Form

TEXAS DEPARTMENT OF HEALTH
PUT PREVENTION INTO PRACTICE PROGRAM
CONTRACT PROVIDER REVIEW FORM
(Revised 03/99)

Date of Review: _____ Reviewer: _____

Provider Name: _____ PPIP Program Director/Coordinator: _____

Number of staff attending initial meeting ____ Number of staff attending exit meeting ____

For each review, place an X under the appropriate column (Yes, No or Not Applicable). The column to the right should be used to clarify any No or N/A responses or to provide additional information. Comments can be continued on the back if additional space is needed.

Program Standards	YES	NO	N/A	COMMENTS
1. <u>INITIATION OF PREVENTIVE SERVICES</u>				
a. AHP clinical preventive services are provided to adults age 18 or over.				
b. AHP services are initiated with the opening of a patient record and the completion of a HRP.				
c. Records demonstrate delivery of preventive care services that are age, gender and risk appropriate.				
2. <u>MEDICAL RECORDS</u>				
a. There is a written policy for organization of medical records.				
b. There is an individual record for each patient that uses standard forms organized in a uniform manner.				
c. There exists a written policy on confidentiality of patient records.				
3. <u>PPIP TOOLS</u>				
a. A Health Risk Profile (HRP) is completed (by staff or patient) annually.				
b. The HRP is administered/reviewed with the patient in a setting where confidentiality and privacy can be maintained.				
c. The Preventive Care Flow Sheet, or similar form, with documentation of immunizations, required screening tests/exams, education and referrals is initiated, and updated as indicated and is part of each chart.				
d. A Clinician's Handbook is available and accessible for reference to all staff members.				

Program Standards	YES	NO	N/A	COMMENTS
e. The AHP manual is available and accessible for reference to all staff members.				
f. The AHP Implementation Guide is available and accessible for reference to all staff members.				
g. Staff interviewed reported regularly using the AHP Manual, Implementation Guide, and Clinician's Handbook as references for provision of services. (Give # interviewed and position titles)				
4. CORE PREVENTIVE SCREENING ELEMENTS				
a. Screening tests are made available for patients with identified risk factors.				
b. Mammography providers have FDA and State inspection certificates.				
c. Lab(s) utilized meet CLIA standards.				
5. SCREENING RESULTS				
a. Results of normal screening exams or tests are accessible to patients.				
b. Abnormal results are followed up, and the outcome or status are consistently documented in the record.				
c. Patient refusal of a screening procedure, immunization, or any part of the physical exam is documented.				
d. Refusal of referral for diagnostic testing or treatment is documented.				
e. Clinicians adhere to clinics written policy on informing patients of normal and abnormal results.				
6. RISK REDUCTION EDUCATION				
a. Agency protocol delineates process and content for delivering health education and counseling.				
b. Health education/counseling is provided by qualified personnel.				
c. Educational information is culturally appropriate and presented in a way the patient can understand.				
7. STAFF TRAINING AND ROLE DELINEATION				
a. Staff training is adequate to support the systematic implementation of PPIP as exhibited by the frequency, content, and extent of participation by the majority of key staff.				
b. Roles are clearly defined and PPIP tasks are divided among most of the staff.				
c. Job descriptions and/or performance evaluations have been modified to included the necessary PPIP tasks.				

A-2: Helpful "800" Telephone Numbers

American Cancer Society (Texas)	1-800-ACS-2345
American Diabetes Association	1-800-232-3472
American Dietetic Association (Texas)	1-800-877-1600
American Lung Association	1-800-LUNG USA
HUD Drug Information Clearinghouse	1-800-245-2691
National AIDS Hotline	1-800-342-AIDS
National AIDS Information Clearinghouse	1-800-458-5231
Natl. Clearinghouse on Alcohol & Drug Information	1-800-SAY-NO-TO
Natl. Council on Alcoholism & Drug Dependence	1-800-475-HOPE
National Health Information Center	1-800-336-4797
National Institute on Drug Abuse Hotline	1-800-662-HELP
National Sexually Transmitted Disease Hotline	1-800-227-8922
National Stroke Association	1-800-STROKES
Natl. MCH Resource Center on Cultural Competency	1-800-434-4453
Office of Minority Health Resource Center	1-800-444-MHRC
TDH AIDS Info	1-800-299-2437
TDH AIDS Info for Deaf (TDD)	1-800-255-8012
TDH Alzheimer's Disease Program	1-800-242-3399
TDH HIV/STD Medication Program	1-800-255-1090
TDH Immunization Division	1-800-252-9152
TDH Infectious Disease	1-800-252-8239
TDH Kidney Health Care	1-800-222-3986
TDH Office of Smoking and Health	1-800-345-8647
TDH Statewide Disease Reporting	1-800-877-2444
Y-ME Breast Cancer Support Program	1-800-221-2141

Other Telephone Numbers

American heart Association, Texas Affiliate	512/433-7220 or 1-800-AHA-USA1
TDH Adult Health Program	512/458-7534
TDH Breast & Cervical Cancer Control & Prev.	512/458-7644
TDH Bureau of Dental Health Services	512/458-7323
TDH Bureau of Women and Children	512/458-7444
TDH Injury Prevention & Control Program	512/458-7266
TDH Public Health Promotion	512/458-7405
TDH Public Health Nutrition Program	512/458-2144
TDH Tuberculosis Elimination Division	512/458-7447
Texas A&M Extension Service	409/845-7982
Texas Cancer Council	512/463-3190
Texas Diabetes Council	512/458-7490

